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LICENSE NUMBER:	043600006		CI	IY OR TOW	N GARDNEI	
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 71 CITY F		R OF EAG	LES #747			
CITY/TOWN: GARI		STATE:	MA	ZIP CODE:	01440	
MANAGER: KIBOI A					CATEGORY:	All Alcohol
	EASE ALSO VISIT OUR WEBS		YOUR EMAIL	ADDRESS		
DESCRIPTION OF LI ENTRANCES ON BO DELIVERY ROOM. T FIRST FLOOR HAS 6 FIRST FLOOR WITH	OTH SIDES OF BLDC TWO ROOMS, WALL S ROOMS STOCK, K TAP AND BOTTLE	G AND REAK IN COOL ITCHEN, C , BAR ON 2	ER FOR S CARD, CO 2ND FLR	STORAGE AN UPLES AND	ND STOCK RO	
I hereby certify and sw	•					
	l license will be of the	• •		•		
	s has complied with all s are now open for bu			-	g to taxes; and	
SIGNED BY	Individual, Partner or	Authorized	Corporate	e Officer		
DATE:	TELEPHONE I	NUMBER:			ER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building inspe	ctor and th	e head of	the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:			-			



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LICENSE NUMBER: 043600007	`	LITY OR TOWN GARDNER		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS	YEAR		
LICENSEE NAME: GARDNER FI	ISH & GUN CLUB, INC.			
ADDRESS CLARK STREET				
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE: 01440		
MANAGER: TILTON, RICHARD M.	TYPE OF LICENSE: Club	CATEGORY: All Alcohol		
EMAIL ADDRESS:  PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICENSED PRI	EMISES:			
the contract of the contract o	MENS AND LADIES ROO	E TV ROOM, GAME ROOM, CARD DMS. FIRST FLOOR; DANCE HALL DIES ROOM, FUNCTION ROOM		
I hereby certify and swear under pena	alties of perjury that:			
1. the renewed license will b	e of the same type for the s	ame premises now licensed;		
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and		
3. the premises are now open	n for business (If not explain	n below)		
SIGNED BY Individual, Pa	rtner or Authorized Corpor	ate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the buildin	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts		
Please Check Below:		LOCAL LICENSING AUTHORITY		
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved expiain)				



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LICENSE NUMBER: 0	43600008		CITY OR TOWN	JARDNER
APPLICATION FOR R	ENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME: B	BOB MARTIN'S B.	AR INC.		
DOING BUSINESS A	SOUTH GARDNE	ER HOTEL		
ADDRESS 008-12 EAS	ST BROADWAY			
CITY/TOWN: GARD	NER	STATE: MA	ZIP CODE:	01440
MANAGER: JOHNS R.	ON, PAUL TYP	E OF LICENSE: Inn	holder CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMIS	ES:		
3 ENTRANCES, ONE ROOMS AND TWO B				
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of the	he same type for the	same premises now lic	ensed;
2. the licensee	has complied with	all laws of the Comr	nonwealth relating to ta	axes; and
3. the premises	are now open for b	business (If not expla	nin below)	
SIGNED BY				
I	ndividual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER ID	DENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	pector and the head	l of the fire departme	
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)	)			
DATE:				
DAIE.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 043600010		CITY OR TO	)WN GARDNE	R
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	GARDNER POST	T#129 AMERICAN	LEGION, INC.		
DOING BUSINESS	A				
ADDRESS 22 ELM	STREET				
CITY/TOWN: GAI	RDNER	STATE: MA	ZIP COD	DE: 01440	
MANAGER: KEL J.	LEY, DANIEL TY	PE OF LICENSE: Ve	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF					
EXIT. CELLAR FO	R STOCK. BASEM	ΓV ROOM,GAME R IENT, ONE ROOM ΄ AR IN PARTY ROC	TWO EXITS. I	BAR ON FIRST F	
I hereby certify and s	swear under penaltie	s of perjury that:			
1. the renew	red license will be of	the same type for the	e same premise	s now licensed;	
	1	h all laws of the Com		ting to taxes; and	
3. the premi	ses are now open for	r business (If not exp	lain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPI	LOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>Note</u>	OT Individual Social S	Security Number)
Acts of 2004, signed	d by the building in	e in possession (1) the aspector and the hea f liquor liability inst	d of the fire do	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
DATE:					



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LICENSE NUMBER: 043600012	•	CITY OR TOWN GARDNER	
APPLICATION FOR RENEWAL:	: Annual	LICENSED FOR 201	.3
	CLASS	Y	'EAR
LICENSEE NAME: C.B.&B., IN	IC.		
DOING BUSINESS A COLONIA	L HOTEL		
ADDRESS 625 BETTY SPRING	ROAD		
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE: 01440	
MANAGER: MOORSHEAD, NICOLE	TYPE OF LICENSE: Innh	older CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
FULL SERVICE HOTEL. 1ST FL PATIO RESTAURANT AND ENG RECEPTION AREA IN FRONT C AREA IN FRONT OF EACH (2N)	CLOSED POOL AREA. 1ST OF EACH. TWO BOARD RO	FLR FUNCTION ROOMS WITDOMS WITH RECEPTION ROOMS	Ή
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the s	ame premises now licensed;	
2. the licensee has complied	ed with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now op	en for business (If not explain	n below)	
SIGNED BY Individual, I	Partner or Authorized Corpora	ate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATIO	
		(Note: NOT Individual Social Sec	curity Number)
We the undersigned, attest that a Acts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	of the fire department for the a	bove
Please Check Below: APPROVED:		LOCAL LICENSING AUTHOR	RITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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(	CITY OR TOWN GARDNER	(
Annual	LICENSED FOR 20	013
CLASS		YEAR
FE OF GARDNER, IN	NC	
STATE: MA	ZIP CODE: 01440	
E OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular
BSITE AND ENTER YOUR EMA	IL ADDRESS	_
ES:		
E, ONE REAR EXIT	AND ONE CELLAR. BAR 20	)' LONG,
of perjury that:		
he same type for the sa	ame premises now licensed;	
all laws of the Commo	nwealth relating to taxes; and	
ousiness (If not explain	n below)	
or Authorized Corpora	ite Officer	
E NUMBER:	EMPLOYER IDENTIFICAT	
	(Note: NOT ilidividual Social S	ecurity Number)
pector and the head o	of the fire department for the	above
	LOCAL LICENSING AUTHO	ORITY
	By:	
	·	
1	Annual CLASS FE OF GARDNER, IN  STATE: MA  E OF LICENSE: Resta  BESITE AND ENTER YOUR EMA ES: EE, ONE REAR EXIT  of perjury that: the same type for the sa all laws of the Commo pusiness (If not explain  or Authorized Corpora  E NUMBER:  in possession (1) the opector and the head of	Annual CLASS  FE OF GARDNER, INC  STATE: MA ZIP CODE: 01440  E OF LICENSE: Restaurant CATEGORY:  BESITE AND ENTER YOUR EMAIL ADDRESS  ES:  E, ONE REAR EXIT AND ONE CELLAR. BAR 20  of perjury that:  the same type for the same premises now licensed;  all laws of the Commonwealth relating to taxes; and business (If not explain below)  or Authorized Corporate Officer  E NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social String possession (1) the certificate required by Chapter 116  LOCAL LICENSING AUTHORIZED



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LICENSE NUMBER	K: 043600016		CI	IY OR TOW	N GARDNE	K
APPLICATION FO	R RENEWAL:	Annua	1	LICI	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	WEST END I	BEAGLE CLUB INC	C.			
DOING BUSINESS	A					
ADDRESS OFF CL	ARK STREET					
CITY/TOWN: GA	RDNER	STATE:	MA	ZIP CODE:	01440	
	JCHARD, RMAND	TYPE OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	YOUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PR	EMISES:				
15 FT BAR, ONE E	NTRANCE, TV	VO EXITS, CELLAI	R FOR ST	COCK		
I hereby certify and	swear under pen	alties of perjury that	:			
1. the renew	ved license will l	be of the same type f	or the san	ne premises n	ow licensed;	
2. the licens	see has complied	l with all laws of the	Common	wealth relatin	g to taxes; and	
3. the premi	ises are now ope	en for business (If no	t explain	below)		
SIGNED BY	Individual, Pa	artner or Authorized	Corporate	e Officer		
DATE:	TELEP	HONE NUMBER:			YER IDENTIFICA Individual Social	
Acts of 2004, signe	d by the buildi	e are in possession ng inspector and th ate of liquor liabilit	e head of	the fire depa	rtment for the	e above
Please Check Below:			Ι	OCAL LICE	NSING AUTH	ORITY
APPROVED:			I	Ву:		
DISAPPROVED:						
(If disapproved expl	aın)		-			
			-			
DATE:			-			
			-			
APPLICATION FOR RENE	WAL MUST BE FILEI	D BY LICENSEES DURING	THE MONT	H OF NOVEMBER	R (M.G.L. Ch. 138 \$ 1	16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600018	C	CITY OR TOWN GARDNER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: GARDNER L	ODGE #1426 B.P.O. ELKS	s, INC.
DOING BUSINESS A GARDNER	LODGE #1426 B.P.O. ELK	CS, INC.
ADDRESS 31 PARK		
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE: 01440
MANAGER: BOYD, JOSEPH B.	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS
LIQUOR ROOM. 2ND FLR;2 OFF	ICES, MEETING ROOM,,B ROOM, KITCHEN. 3 BARS	DIES LOUNGE,POOL ROOM AND BASEMENT HALL, STOCK, BINGO S ON PREMISE TWO UPSTAIRS,ONE
1. the renewed license will be 2. the licensee has complied 3. the premises are now ope	be of the same type for the same with all laws of the Commo	onwealth relating to taxes; and
SIGNED BY Individual, Pa	artner or Authorized Corpora	ate Officer
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ng inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600019	CITY	OR TOWN	GARDNER	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: THE NAPOLEON CLUB IN	NC.			
DOING BUSINESS A				
ADDRESS 271 PARK ST.				
CITY/TOWN: GARDNER STA	ΓE: MA Z	IP CODE:	01440	
MANAGER: MICHAUD, KENNE TYPE OF LIGHTH E.	CENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADD	DRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE ROOM GROUND LEVEL, ONE ROOM BAROOM, BAR ON SOUTH SIDE OF BUILDING	SEMENT, ONE S	STOCK ROO	M, ONE BOI	LER
I hereby certify and swear under penalties of perjur	y that:			
1. the renewed license will be of the same	type for the same p	premises now	licensed;	
2. the licensee has complied with all laws		_	taxes; and	
3. the premises are now open for business	(If not explain belo	ow)		
SIGNED BY	. 10	cc.		
Individual, Partner or Author	rized Corporate O	fficer		
DATE				
DATE: TELEPHONE NUME		EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
	`	(Note: NOT IIId)	ividuai Sociai Se	curity Number)
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor li of 2010.	nd the head of the	e fire departn	nent for the	above
Please Check Below:	LOC	CAL LICENS	ING AUTHO	RITY
APPROVED:	By:			
DISAPPROVED:				
(If disapproved explain)				
	·			
DATE:	<u> </u>			



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LICENSE NUMBER: 043600022		CITY OR TOWN	GARDNER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ACADIAN SOC	CIAL CLUB		
DOING BUSINESS A			
ADDRESS 193 PARKER STREET			
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE:	01440
MANAGER: CORMIER, ROBERT	ГҮРЕ OF LICENSE: Clu	db C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREI	MISES:		
ONE FRONT ENTRANCE OR EXIT ENTRANCES ON EAST SIDE, FOU STOCK ROOM IN CELLAR. BAR IN PREMISE TO ASS;OUTSIDE FENCE WITH BARBECUE PIT, HORSE SHOW	R ROOMS ON FIRST F N FRONT ROOM,TWO ED AREA APPROX.3,8	FLOOR, ONE ROO COOLERS,ONE D 800 SQ. FT. FENCE	M IN CELLAR PLUS PRAFT TAP ALTER
I hereby certify and swear under penal-	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now	licensed;
2. the licensee has complied w	vith all laws of the Comr	nonwealth relating t	o taxes; and
3. the premises are now open	for business (If not explain	ain below)	
SIGNED BY Individual, Part	ner or Authorized Corpo	orate Officer	
DATE: TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	d of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		<del></del>	
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600023	CILIC	OR TOWN GARDNER	Ĺ
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: JORBELLA FOOD	S LLC		
DOING BUSINESS A			
ADDRESS 632 PARKER STREET			
CITY/TOWN: GARDNER	STATE: MA ZIP	CODE: 01440	
MANAGER: TYP	E OF LICENSE: Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMAIL ADDRI	ESS	
DESCRIPTION OF LICENSED PREMIS			
WOOD STRUCTURE WITH ALUMINU RESTROOM WITH FULL CELLAR AND EATING AREA WITH TABLES AND B	D ADDITIONAL BACK RO		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	**		
2. the licensee has complied with		•	
3. the premises are now open for l	business (If not explain below	v)	
SIGNED BY Individual, Partner	or Authorized Corporate Offi	icer	
	Γ		
DATE: TELEPHONE		EMPLOYER IDENTIFICAT	
	(N	ote: NOT Individual Social S	ecurity Number)
			ecurity (varioci)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head of the f	ire department for the	er 304 of the above
Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below:	pector and the head of the f liquor liability insurance re	ire department for the	er 304 of the above of the Acts
Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	pector and the head of the f liquor liability insurance re	ire department for the equired by Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	pector and the head of the f liquor liability insurance re LOCA	ire department for the equired by Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	pector and the head of the f liquor liability insurance re LOCA	ire department for the equired by Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	pector and the head of the f liquor liability insurance re LOCA	ire department for the equired by Chapter 116	er 304 of the above of the Acts



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LICENSE NUMBE	ER: 043600024		CITY OR TOW	N GARDNE	₹
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: DK BROTHE	ERS INC.			
DOING BUSINESS	S A GINGER &	WASABI RESTAURA	ANT		
ADDRESS 360 TI	MPANY BLVD.				
CITY/TOWN: GA	ARDNER	STATE: M	A ZIP CODE:	01440	
MANAGER: HU LAI		TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	<b>3</b> :				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PR	EMISES:			
FIRST FLOOR PREPURPOSE OF COM		FEDD AT 360 TIMPAN RESTAURANT.	NY BLVD., GARDN	JER USED FOI	R THE
I hereby certify and	swear under per	nalties of perjury that:			
1. the rene	wed license will	be of the same type for t	the same premises no	ow licensed;	
2. the licen	see has complied	d with all laws of the Co	mmonwealth relating	g to taxes; and	
3. the prem	nises are now ope	en for business (If not ex	xplain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Co	rporate Officer		
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, sign	ed by the buildi	re are in possession (1) ng inspector and the ho ate of liquor liability in	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	laın)				
DATE:			-		



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LICENSE NUMBER: 043600026		CITY OR TOWN GARDNE	eR .
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: STANLEY'S LU	UNCH INC.		
DOING BUSINESS A STANLEY'S I	LUNCH		
ADDRESS 231 PLEASANT STREET	•		
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE: 01440	
MANAGER: PIONTEK, MICHAEL	ΓΥΡΕ OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PREI			
ONE FRONT ENTRANCE, TWO SII CELLAR FOR STOCK	DE EXITS, TWO ROOM	S INCLUDING KITCHEN, A	LSO
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the s	same premises now licensed;	
2. the licensee has complied w	vith all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open	for business (If not explain	in below)	
SIGNED BY			
Individual, Part	ner or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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LICENSE NUMBER:	043600027		CITY OR TO	OWN GARDNE	R
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	P.A.C.C.,INC.				
DOING BUSINESS A	POLISH AMERIC	CAN CITIZEN'S CI	LUB		
ADDRESS 171 KEND	OAL POND W.				
CITY/TOWN: GARD	ONER	STATE: MA	ZIP COD	E: 01440	
MANAGER: GEMB BRUCI	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE: CI	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI					
11760 S/F SINGLE ST BAR, FUNDTION HA RESTROOMS.	The second secon				
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of	the same type for the	e same premises	s now licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth rela	ting to taxes; and	
3. the premises	s are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:		LOYER IDENTIFICAT	
			(Note: <u>N</u>	OT Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	y the building ins	spector and the hea	d of the fire de	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		<del></del> ,
DATE:			-		



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LICENSE NUM	MBER: 043600028		CITY OR TOWN	GARDNER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSIN		STAURANT, INC.		
	PEARSON BLVD.	CTATE: MA	ZID CODE	01440
CITY/TOWN: MANAGER:		STATE: MA		01440 ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
ONE FLOOR V	PLEASE ALSO VISIT OU N OF LICENSED PREI WITH THREE ROOMS N. TWO BATHROOM N COCKTAIL LOUNG	S, DINING ROOM, P. IS, PLUS RESTROOM	ARTY ROOM, COCI	
1. the 1 2. the 1	and swear under penals renewed license will be licensee has complied w premises are now open	of the same type for the vith all laws of the Cor	nmonwealth relating t	
SIGNED BY	Individual, Part	ner or Authorized Cor	porate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, s	signed by the building	inspector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER: 043600029	(	ITY OR TOWN GARDNE	K
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: PAPA GIN DOING BUSINESS A PAPA GI			
ADDRESS RTE 68 TIMPANY P	LAZA		
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE: 01440	
MANAGER: BROUILLET, CATHERINE JEA	TYPE OF LICENSE: Resta	nurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
3,328 SQ FT.STREET LEVEL R PLAZA 9TIMPANY PLAZAO H AREA,120 SEAT DINING ROOF PUBLIC RESTRMS & 4 MEANS	AVING A KITCHEN, CUSTO M,FOOD PREP/ STORAGE A	OMER SERV ICE COUNTER	
I hereby certify and swear under p	enalties of perjury that:		
1. the renewed license wi	ll be of the same type for the sa	ame premises now licensed;	
2. the licensee has compl	ied with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now of	open for business (If not explain	n below)	
SIGNED BY Individual,	Partner or Authorized Corpora	ate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	ding inspector and the head o	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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LICENSE NU.	MBEK: 043600030		CITY OR TO	WN GARDNE	K
APPLICATIO	N FOR RENEWAL	: Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA		ANS, INC. OF GARDNI	ΞR		
	0 SOUTH MAIN S	r			
CITY/TOWN:		STATE: M	IA ZIP CODE	E: 01440	
MANAGER:	THERIAULT, JIMMY	TYPE OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED P	REMISES:			
BACK ROOM COOLER, ON	I, THREE BAY SIN	L ON ONE FLOOR, FI KS, ONE SERVICE SI R , HOT AND COLD W CSIDE SEATING	NK, ONE DRAFT	COOLER, ONE	BEER
I hereby certify	y and swear under pe	enalties of perjury that:			
1. the	renewed license wil	l be of the same type for	the same premises	now licensed;	
2. the	licensee has complie	ed with all laws of the Co	ommonwealth relati	ing to taxes; and	
3. the	premises are now of	pen for business (If not e	xplain below)		
SIGNED BY	Individual,	Partner or Authorized Co	orporate Officer		
DATE.					
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICATE $f T$ Individual Social S	
			(Note: 110	Individual Social s	security Number)
Acts of 2004,	signed by the build	we are in possession (1) ling inspector and the h cate of liquor liability i	nead of the fire dep	partment for the	above
Please Check Belo	ow:		LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				
			-		
DATE:					
····.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 043600031		CITY OR TO	WN GARDNEI	R
APPLICATION F	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	E: CHOW & ZAN	NG CORPORATION			
DOING BUSINES	SS A YEN YEN				
ADDRESS 42 PE	ARSON BLVD.				
CITY/TOWN: G	ARDNER	STATE: MA	ZIP CODE	E: 01440	
MANAGER: ZA	ANG, JIMMY EMING	TYPE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
	F LICENSED PRE				
	TCHEN AND RE	ΓAL OF 3200 SQ FT OF CEPTION AREA. BAR,			
I hereby certify and	d swear under pena	lties of perjury that:			
1. the rene	ewed license will be	e of the same type for the	same premises	now licensed;	
2. the lice	nsee has complied	with all laws of the Comn	nonwealth relati	ing to taxes; and	
3. the pres	mises are now oper	n for business (If not expla	nin below)		
SIGNED BY	Individual, Par	rtner or Authorized Corpo	rate Officer		
	•	·			
DATE:	TELEPH	HONE NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO	T Individual Social S	Security Number)
Acts of 2004, sign	ned by the buildin	are in possession (1) the g inspector and the head te of liquor liability insu	l of the fire dej	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	piain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 043600032		CITY OR TOV	WN GARDNE	R
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAMI	E: WINDSOR CAFI	E, INC. OF GARDNI	ER		
DOING BUSINES	SS A				
ADDRESS 560 W	. BROADWAY				
CITY/TOWN: GA	ARDNER	STATE: MA	ZIP CODE	i: 01440	
	BLANC, TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PREM	ISES:			
3. the prer	Individual, Partne	or business (If not exp			
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA  Individual Social	
Acts of 2004, sign	ned, attest that we ar ned by the building in d (2) the certificate (	nspector and the he	nd of the fire dep	artment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp					
(11 disappioved exp	ριαπι)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	13000033		CITY	OR TOWN	GARDINE	K
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: SO						
DOING BUSINESS A	SOUTH SIDE GRII	LLE AND MA	ARGARITA	FACTORY	•	
ADDRESS 242 WEST I	BROADWAY					
CITY/TOWN: GARDN	NER	STATE: N	MA ZI	P CODE:	01440	
MANAGER: COCCI,	EILEEN B. TYPE	OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WEBS	ITE AND ENTER YO	OUR EMAIL ADD	RESS		
DESCRIPTION OF LIC						
CONTAINING THREE KITCHEN. ONE STOR				SE SPACE I	FOR STOCK	IN
I hereby certify and swea	r under penalties of	f perjury that:				
1. the renewed l	icense will be of the	e same type fo	r the same p	remises nov	v licensed;	
	as complied with al			_	to taxes; and	
3. the premises a	are now open for bu	isiness (If not	explain belo	w)		
SIGNED BY						
	dividual, Partner o	Authorized C	Corporate Of	ficer		
DATE:	TELEPHONE	NUMBER:		EMPLOYE	R IDENTIFICA	ΓΙΟΝ NUMBER:
			()	Note: NOT In	dividual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building inspe	ector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						



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LICENSE NUN	ABEK: 043600034		CI	I Y OK IC	WN	GARDNE	X
APPLICATION	N FOR RENEWAL:	Annu	al	Ll	CENS	SED FOR 20	013
		CLAS	SS				YEAR
LICENSEE NA DOING BUSIN	ME: OVILA CASE	POST 905 VETE	RANS OF	FOREIGN	WAR	S, INC.	
ADDRESS 174	WEST STREET						
CITY/TOWN:	GARDNER	STATE:	MA	ZIP COD	E:	01440	
MANAGER:	Cyr, Francis W.	TYPE OF LICEN	SE: Vetera	ns club	CA	TEGORY:	All Alcohol
EMAIL ADDR	ESS:						
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS			_
DESCRIPTION	N OF LICENSED PRI	EMISES:					
	COAT ROOM, MEET DUAL OFFICE. BAR					ARD ROOM	I, POOL
I hereby certify	and swear under pena	alties of perjury tha	t:				
1. the 1	renewed license will b	e of the same type	for the sar	ne premises	now i	licensed;	
2. the l	icensee has complied	with all laws of the	Common	wealth rela	ting to	taxes; and	
3. the p	premises are now open	n for business (If no	ot explain	below)			
SIGNED BY	Individual, Pa	rtner or Authorized	l Corporat	e Officer			
DATE:	TELEPI	HONE NUMBER:					TION NUMBER:
				(Note: <u>N(</u>	<b>)T</b> Indi	vidual Social S	Security Number)
Acts of 2004, s	signed, attest that we signed by the buildin and (2) the certifica	g inspector and th	ne head of	the fire de	partn	nent for the	above
Please Check Belo	<u>w:</u>		I	LOCAL LIC	CENS	ING AUTH	ORITY
APPROVED:			J	Ву:			
DISAPPROVE							
(If disapproved	expiaiii)		•				
DATE:							
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURIN	G THE MONT	TH OF NOVEM	BER (M.	G.L. Ch. 138 \$ 1	6A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 043600036		CITY	OR TOWN	GARDNE	₹
APPLICATION FO	R RENEWAL:	Annua	l	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	ANTHONYS PA	CKAGE STORE	,INC			
DOING BUSINESS	A ANTHONY'S L	IQUOR MART				
ADDRESS 12 PEA	RSON BLVD					
CITY/TOWN: GA	RDNER	STATE:	MA ZI	P CODE:	01440	
	ASKOUSKAS, TY IES P.	PE OF LICENS	E:Package St	core (	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER Y	OUR EMAIL ADDI	RESS		_
DESCRIPTION OF						
TWO ROOMS STR IN REAR FOR REC STOCK						
I hereby certify and	swear under penaltie	es of perjury that:				
1. the renev	ved license will be or	f the same type for	or the same p	remises nov	w licensed;	
2. the licens	see has complied wit	th all laws of the	Commonwea	lth relating	to taxes; and	
3. the prem	ises are now open fo	r business (If not	explain belo	w)		
SIGNED BY	Individual, Partne	er or Authorized	Corporate Of	ficer		
DATE:	TELEPHO	NE NUMBER:	a		ER IDENTIFICAT	
			(1	Note: NOT I	ndividual Social S	security Number)
Please Check Below:			LOC	AL LICEN	ISING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 043600037		CITY OR TO	JWN GARDNE	K
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:					
DOING BUSINESS A	A BRAZELL'S	S PACKAGE STORE			
ADDRESS 201 PLEA	ASANT ST				
CITY/TOWN: GAR	DNER	STATE: M	A ZIP COI	DE: 01440	
MANAGER: PATE	EL, PARESH	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF I	ICENSED PR	EMISES:			
		E ROOM SECOND FI NTRANCE,ONE REA		LAR FOR STOCE	K. ONE
2. the license	ed license will be has complied	be of the same type for I with all laws of the Co en for business (If not ex	ommonwealth rela		
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:		LOYER IDENTIFICA'  OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LI By:	CENSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043	600038		CITY	ORTOW	N GARDNE	K
APPLICATION FOR REI	NEWAL:	Annual		LICE	ENSED FOR 2	2013
		CLASS				YEAR
LICENSEE NAME: FO	_		TION			
DOING BUSINESS A G		S				
ADDRESS 364TIMPANY	Y BLVD.					
CITY/TOWN: GARDNI	ER	STATE: N	IA Z	ZIP CODE:	01440	
MANAGER: FOSTER, R.	SHAWN TYPE	OF LICENSE	:Package S	Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSI	TE AND ENTER YO	UR EMAIL ADI	DRESS		
DESCRIPTION OF LICE						
5140 SQ. FT OF LEASES ENTRANCE IS AT THE						RIMARY
I hereby certify and swear	under penalties of	perjury that:				
1. the renewed lic	ense will be of the	same type for	the same	premises no	ow licensed;	
2. the licensee has	s complied with all	laws of the C	ommonwe	alth relating	g to taxes; and	
3. the premises ar	e now open for bus	siness (If not e	explain bel	low)		
SIGNED BY	:.:dl Domenou ou	A41		NGC:		
Ind	ividual, Partner or	Authorized C	orporate O	micer		
DATE:						
DATE:	TELEPHONE N	NUMBER:				TION NUMBER: Security Number)
				(110te) <u>110 1</u>	marviduai Boeiai	Security (vaniser)
Please Check Below:			LO	CAL LICE	NSING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(12 sisupprovou expluiii)						
						<u>—</u>
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600039		CITY OR TOWN GARDN	ER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: ANDER'S INC				
DOING BUSINESS A MILLSTREAM	M LIQUORS			
ADDRESS 20 TIMPANY BLVD				
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE: 01440		
MANAGER: ANDERSON, ALAN7	ΓΥΡΕ OF LICENSE: Pac	ckage Store CATEGOR	Y: All Alcohol	
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRED SEPARATE RETAIL SPACE NEXT  I hereby certify and swear under penal  1. the renewed license will be 2. the licensee has complied w 3. the premises are now open	TO VICTORY SUPERM ties of perjury that: of the same type for the with all laws of the Comm	same premises now licensed; nonwealth relating to taxes; an	d	
SIGNED BY Individual, Part	ner or Authorized Corpo	orate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY	
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 043600040		CITY OR TOWN	GARDNER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MADE INC			
DOING BUSINESS	A BEAUREGA	ARD LIQUORS		
ADDRESS 11 WES	T ST			
CITY/TOWN: GAI	RDNER	STATE: MA	ZIP CODE:	01440
	RRILLY, HAEL	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PRI	EMISES:		
TWO ROOMS. TWO DELIVERY DOOR		S, ONE FRONT ENTRA AREA	NCE AND ONE SIE	DE ENTRANCE, ONE
	-	with all laws of the Comn for business (If not exp	_	o taxes; and
	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	043600041		CITY OR TOW	N GARDNE	₹
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		•			
ADDRESS 221 HIGH	IST.				
CITY/TOWN: GAR	DNER	STATE: MA	ZIP CODE:	01440	
MANAGER: Hache	y, Jean Paul TYI	PE OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR W		EMAIL ADDRESS		
DESCRIPTION OF L ONE STORY BLDG KITCHEN AND BAR	WITH 2 ENTRAN	CES/EXITS. THRI		/ITY ROOM,	
2. the licensee	d license will be of	the same type for the all laws of the Con	ne same premises no nmonwealth relating plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the he	ad of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 043600042	CITY OR TOWN GARDNER
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: GARDNER DEEP SEA CLUB, II DOING BUSINESS A	NC.
ADDRESS 26 NICHOLS ST.	
CITY/TOWN: GARDNER STATE:	MA ZIP CODE: 01440
MANAGER: LEBLANC, TYPE OF LICENS EDMOND J.	SE:Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES: THREE ROOMS FIRST FLOOR-KITCHEN 15'X10', B WITH TWO ENTRANCES/EXITS (ONE FRONT NIC NICHOLS STREET) AND CELLAR FOR STORAGE.	HOLS STREET AND ONE REAR 26
<ol> <li>I hereby certify and swear under penalties of perjury that</li> <li>the renewed license will be of the same type f</li> <li>the licensee has complied with all laws of the</li> <li>the premises are now open for business (If no</li> </ol>	For the same premises now licensed; Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	e head of the fire department for the above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 043600046		CITY OR TOWN	GARDNER	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	SALMA CORPO	RATION			
DOING BUSINESS	A BURKE'S MAR	KET			
ADDRESS 236 PA	RK STREET				
CITY/TOWN: GA	RDNER	STATE: MA	ZIP CODE:	01440	
MANAGER: KHA	AN,SANNY TY	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:	_			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
		AR EXIT ONTO PAR ICE STORE; 2ND FL.			
	ises are now open fo	ch all laws of the Common business (If not expla	in below)	o tuxes, und	
	marviduai, r artile	of Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	RITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DAME					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 043600049		CITY OR	TOWN	GARDNE	₹
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
DOING BUSINESS	SA	OP CONVENIENCE STO	ORE, INC.			
ADDRESS 3 PINE	ST.					
CITY/TOWN: GA	RDNER	STATE: MA	X ZIP C	ODE:	01440	
MANAGER: BRI	GGS , LISA	TYPE OF LICENSE:	Package Store	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
DESCRIPTION OF NEIGHBORHOOD		REMISES: CE STORE WITH DELI	I,LOTTERY	NO GAS		
1. the renew 2. the licens	wed license will see has complie	enalties of perjury that:  be of the same type for the ded with all laws of the Corporation for business (If not expenses).	mmonwealth			
SIGINED DI	Individual, F	Partner or Authorized Con	rporate Office	er		
DATE:	TELEI	PHONE NUMBER:				CION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL By:	LICENS	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 043600	0051	CITY OR TOWN	GARDNER
APPLICATION FOR RENE	WAL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MOON	N HILL BREWING COMPAN	Y,INC.	
DOING BUSINESS A GAR	DNER ALE HOUSE		
ADDRESS 74 PARKER			
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE:	01440
MANAGER: WALTON, RICHARD J.	TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
BUILDING AND TWO EGF	OMS/WASHROOMS.ONE EG RESSES FROM REAR OF BU AREA. THE BUILDING ALS OF THE BUILDING	ILDING.ONE REAR E	EGRESSIS
2. the licensee has co	se will be of the same type for to complied with all laws of the Contour ow open for business (If not ex	nmonwealth relating to	
SIGNED BY Individ	dual, Partner or Authorized Con	porate Officer	
DATE:	ΓELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, signed by the	that we are in possession (1) building inspector and the he ertificate of liquor liability in	ad of the fire departn	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



## The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600053		CITY OR TOWN	GARDNER	8
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JASON HEBE	RT			
DOING BUSINESS A JAY'S VARII	ETY			
ADDRESS 32 EAST BROADWAY				
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE:	01440	
MANAGER: HEBERT, JASON	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRE	ur website and enter your e EMISES:	MAIL ADDRESS		
<ol> <li>the renewed license will be</li> <li>the licensee has complied</li> <li>the premises are now open</li> </ol>	with all laws of the Com	nonwealth relating to		
SIGNED BY Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBI	ER: 043600061		CITY OR TOWN	GARDNER
APPLICATION FO	OR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
	E: CHRIS VASILIAD	IS		
ADDRESS 152 EA	ATON STREET			
CITY/TOWN: GA	ARDNER	STATE: MA	ZIP CODE:	01440
	ASILIADIS, TYP IRIS	E OF LICENSE: Re	staurant CA	ΓEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PREMIS	ES:		
FLRSECOND F PREMISES ALSO	FIRST FLR ENTRANG FLR HAS A WEST FAC DINCLUDES THE GRO OSE FOR SELLING BE	CING ENTRANCE/I	EXIT ONTO 20X20 I ARDNER MUNICIPA	DECKTHE
I hereby certify and	d swear under penalties	of perjury that:		
1. the rene	ewed license will be of t	he same type for the	same premises now li	censed;
	nsee has complied with		=	
3. the prer	nises are now open for l	business (If not expl	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
			(Note: NOT Indiv	idual Social Security Number)
Acts of 2004, sign	ned by the building ins	pector and the head	d of the fire departm	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSII	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:			-	
(If disapproved exp	plain)		-	
D. 1				
DATE:				



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04360006	52	CITY OR TOWN GARDNE	R
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	.013
	CLASS		YEAR
LICENSEE NAME: CHAIR C	CITY INC.		
DOING BUSINESS A			
ADDRESS 221 MAIN STREET	Γ		
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE: 01440	
MANAGER: JABER, HASSA	N TYPE OF LICENSE: Pac	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED			
2700 SQ FTHAVING ONE EN	NTRANCE ON THE EAST SI	DE AND ONE ON THE WEST	1
I hereby certify and swear under	penalties of perjury that:		
	will be of the same type for the	-	
2. the licensee has comp	plied with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now	open for business (If not expla	in below)	
SIGNED BY		0.00	
Individua	al, Partner or Authorized Corpo	rate Officer	
DATE.			
DATE: TE	LEPHONE NUMBER:	(Note: NOT Individual Social	
		(Note: NOT Individual Social	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(11 disapproved emplain)			
			<del></del>



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 043000003		CH	Y OK TOW	IN GARDNER	X .
APPLICATION FO	R RENEWAL:	Annu	al	LIC	ENSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	JIGISHA CORP					
DOING BUSINESS	A SOUTH GARI	ONER MINI MA	RT			
ADDRESS 94 S. MA	AIN STREET					
CITY/TOWN: GAI	RDNER	STATE:	MA	ZIP CODE:	01440	
MANAGER: PAT CHI	EL, T NUBHAI B.	YPE OF LICEN	SE:Package	e Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL A	ADDRESS		_
DESCRIPTION OF	LICENSED PREN	MISES:				
ONE STORY BRIC SOUTH MAIN STR STORAGE						
I hereby certify and s	swear under penalt	ies of periury tha	t:			
	red license will be	1 3 0		e premises n	ow licensed:	
	ee has complied w	• •				
	ses are now open f				ig to taxes, and	
SIGNED BY						
SIGNED B I	Individual, Partr	ner or Authorized	l Corporate	Officer		
DATE:	TELEPHO	ONE NUMBER:		EMPLO	YER IDENTIFICAT	TION NUMBER:
				(Note: NOT	Individual Social S	Security Number)
Please Check Below:			<b>.</b>	0011 1105	NANTA ATEM	OD MILL
APPROVED:					INSING AUTH	ORITY
DISAPPROVED:			B	у.		
(If disapproved expla	ain)		_			
			_			
DATE:						